								Application or Docket Number					
	PATENT A	APPLICATIO	1										
		Effect	10 71 3,940										
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
_			(Column	1)	(Column 2)			TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIMS					-		-	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			18 min	us 20=	• 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 mil	nus 3 =	*1			X43=		OR	X86=	86	
ML	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL		OR	TOTAL	856	
CLAIMS AS AMENDED - PART II								CMALL	ENTITY	OR	OTHER SMALL		
_	10/1/09	(Column 1)	1	(Colum		(Column 3)	l r	SWALL	ADDI-		SWALE	ADDI-	
AMENDMENT A		REMAINING AFTER		NUMI PREVIO	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	* /	Minus	PAID:	HOR HO	<u>.</u> —	 	X\$ 9=	FEE	OR	X\$18=	7 <u>C.C.</u>	
	Independent	· Ŭ	Minus	***	4	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MOLTIPLE DEPENDENT COAT				CLAIM		!	+145=		OR-	+290=		
1,6,0,15								TOTAL	<u> </u>		TOTAL		
								ODIT. FEE		OR	ADDIT. FEE		
_		(Column 1)	· · ·	(Colur		(Column 3)	1 г		1 4001	1 1		4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* #	Minus	**		=	1	X\$ 9=	1.55	OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا ا	+145=		OR	+290=		
							L	TOTAL		OR	TOTAL ADDIT, FEE		
			DOII. 1 EE			, , , , , , , ,							
	\	(Column 1) CLAIMS		(Colum	EST	(Column 3)	1 г		ADDI-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		= .	11	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=]	X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		·	
_	8 sh	+145=		OR	+290=								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE DOT: ** ADDIT													
	If the "Highest Nu The "Highest Nurr	mber Previously Pa ober Previously Pai	us For IN THI d For" (Total or	S SPACE I Independ	s less tha ent) is the	n 3, enter 3. highest numbe	er fou	nd in the ap	propriate bo	k in co	lumn 1.		
											• .		

FORM PTO-875 (Rev. 10/03)

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